Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 ACCOUNT# 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission filers) 31 MS/MRS/MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr. Roy NAME Date Received NICKNAME LAST SUFFIX Morales ADDRESS / PO BOX; CANDIDATE / APT / SUITE # CITY: STATE: ZIP CODE OFFICEHOLDER 2450 Louisiana #400-224 MAILING Houston, TX 77006 **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION OFFICEHOLDER** (713 383-7825 PHONE Date Processed MS/MRS/MR CAMPAIGN FIRST Mi TREASURER Date Imaged Ms. Martha NAME NICKNAME SUFFIX . LAST Wong STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE TREASURER 15 Greenway 16F, Houston, TX 77096 **ADDRESS** (Residence or business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION TREASURER (713 622-7888 PHONE REPORT TYPE January 15 X 30th day before election Final report (Attach C/OH - FR) Exceeded \$500 limit 15th day after campaign treasurer July 15 8th day before election Runoff appointment (officeholder only) 10 PERIOD Day Day Year COVERED THROUGH **∕** 18 2007 04 12 2007 ELECTION DATE 11 ELECTION **ELECTION TYPE** Day Year 05 12 2007 Primary Runoff General X Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Harris County School Trustee Pos 6, Pct 1 Houston City Council At-Large Position 3 14 NOTICE Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **CAMPAIGN EXPENDITURE** Name BY OTHER **INDIVIDUALS** Address / PO Box; Apt. / Suite #; City; State: Zip Code additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| SUPPORT | & TOTAL | .S | COVER SHEET PG 2 |
|--------------------------------|---|---|--|
| 15 C/OH NAME Mor | rales, Roy | | 16 ACCOUNT # (Ethics Commission Filers |
| 17 NOTICE FROM POLITICAL | may have been mad | tice of political expenditures by political committees to support the candida e without the candidate's or officeholder's knowledge or consent. Candida if they receive notice of such expenditures. •• | date / officeholder. These expenditures tes and officeholders are required to report |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | |
| | GENERAL SPECIFIC | COMMITTEE ADDRESS | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 18 CONTRIBUTION TOTALS | 1. TOTAL I | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 750.00 |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 24,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL F | POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE | \$ 456.48 |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 21,637.00 |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA PRTING PERIOD | \$ 2,363.00 |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD | \$ 1,200.00 |
| 19 AFFIDAVIT | RAYMOND LEE Notary Pu State of Te My Commission March 30, | Expires 2009 Mual | formation required to be reported by |
| AFFIX NOTARY STAME | / SEAL ABOVE | Signature of Candid | ate or Officeholder . |
| Sworn to and subscrib | 201 | the said NO PARS The witness my hand and seal of office. | , this the 1216 day |
| Signature of officer add | THUM DELL | Serviced name of officer administering oath Title | of officer administering oath |

| | CAL CONTRIBUTIONS THAN PLEDGES OR LOAI | NS | | SCHEDULE A |
|---------------------------------|---|------------------------------------|--|---|
| The Instructi | on Gulde explains how to complete this form. | | 1 Total pages Schi Schedule: 1/1 | edule A: 2 Report 3/31 |
| 2 FILER NAM | ME MORALES, ROY (MR.) | | 3 ACCOUNT # (Et | hics Commission filers) |
| 4 Date 1/28/2007 | Full name of contributor □ out-of-state FAC (ID#: Wright, Clymer Contributor address; City; State; Zip Code | | 7 Amount of contribution (\$) \$1,000.00 | 8 In-kind contribution description (if applicable) |
| 9 Principal occu Insurance A | ipation / Job title (See Instructions) gent | 10 Employer (See the Self-employed | | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 1/31/2007 | Contributor address; City; State; Zip Code | | \$500.00 | |
| Principal occu Investor | pation / Job title (See Instructions) | Employer (See I Self-Employed | nstructions) | of Texas, complete Schedule T) |
| Date 1/31/2007 | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) \$500.00 | In-kind contribution description (if applicable) |
| | pation / Job title (See Instructions) | Employer (See I | nstructions) | of Texas, complete Schedule T) |
| M.D. | | Self- employed | 1 | |
| Date 2/2/2007 | Full name of contributor | | Amount of contribution (\$) \$1,000.00 | In-kind contribution description (if applicable) |
| | | | lif travel outside o | of Texas, complete Schedule T) |
| Principal occu President | pation / Job title (See Instructions) | Employer (See I Home Loan Co | nstructions) | |
| Date | Full name of contributor ☐ out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 2/12/2007 | Contributor address; City; State; Zip Code | | \$500.00 | of Texas, complete Schedule T) |
| Principal occu Chief Financ | pation / Job title (See Instructions) ial Officer | Employer (See In Scope Imports, | nstructions) | |
| If c | ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instr | | | requirements. |

| Texas Ethics C | Commission P.O. Box 12070 Austin, T | exas 78711-2070 | (512) 463 | -5800 1-800-325-8506 |
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| | CAL CONTRIBUTIONS R THAN PLEDGES OR LOA | NS | | SCHEDULE A |
| The Instruct | ion Guide explains how to complete this form. | | 1 Total pages Scho Schedule: 2/ | edule A: 12 Report 4/31 |
| 2 FILER NAM | ME MORALES, ROY (MR.) | | 3 ACCOUNT# (Et | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 2/12/2007 | Peterson, Arthur 6 Contributor address; City; State; Zip Code | | \$100.00 | |
| | | | (If travel outside | of Texas, complete Schedule T) |
| 9 Principal occ | upation / Job title (See Instructions) | 10 Employer (See I | nstructions) | • |
| Date | Full name of contributor Out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 2/16/2007 | Contributor address; City; State; Zip Code | | \$100.00 | |
| | | | (if travel outside o | of Texas, complete Schedule T) |
| Principal occi | upation / Job title (See Instructions) | Employer (See Is | | rioxas, complete schadule 1) |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Elder, Ramsay Contributor address; City; State; Zip Code | | \$100.00 | |
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| Principal occu | upation / Job title (See Instructions) | Employer (See Ir | | of Texas, complete Schedule T) |
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| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 2/16/2007 | Contributor address; City; State; Zip Code | | \$100.00 | |
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| Principal occu | upation / Job title (See Instructions) | Employer (See In | | f Texas, complete Schedule T) |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of | In-kind contribution |
| | Boylan, Michael | | contribution (\$) | description (if applicable) |
| 2/20/2007 | Contributor address: City; State; Zip Code | | \$1,000.00 | |
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| Principal occu Retired | upation / Job title (See Instructions) | Employer (See In Retired | | |
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P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. Schedule: 3/12 Report 5/31 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) MORALES, ROY (MR.) Date In-kind contribution Full name of contributor 7 Amount of ut-of-state PAC (ID#. 8 contribution (\$) description (if applicable) Ryder, Verdene 2/20/2007 Contributor address; City; State; Zip Code \$100.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Out-of-state PAC (ID#: In-kind contribution Full name of contributor Amount of contribution (\$) description (if applicable) Aviles, Dionel (Dr.) \$250.00 Contributor address; City; State; Zip Code 2/26/2007 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) President Employer (See Instructions) **Aviles Engineering Corporation** Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) McAdams, Donald Contributor address; City; State; Zip Code \$100.00 2/26/2007 (If travel outside of Texas, complete Schedule 1) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of In-kind contribution Out-of-state PAC (ID# contribution (\$) description (if applicable) Blanton, Sr., Jack Contributor address; City; State; Zip Code 2/26/2007 \$500.00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Amount of ut-of-state PAC (ID#: In-kind contribution description (if applicable) contribution (\$) Fraga, Stephen Contributor address; City; State; Zip Code \$500.00 3/1/2007 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) President Tejas Office Products, Inc. ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

| | CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI | NS | | SCHEDULE A |
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| 2 FILER NAM | ME MORALES, ROY (MR.) | | 3 ACCOUNT# (Et | hics Commission filers) |
| 4 Date | 6 Full name of contributor ☐ cut-dt-state PAC (ID# Hariani, Vasant | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 3/3/2007 | 6 Contributor address; City; State; Zip Code | | \$500.00 | |
| | | | | of Texas, complete Schedule T) |
| 9 Principal occu President | upation / Job title (See Instructions) | 10 Employer (See Infrastructure / | Instructions) Associates, Inc. | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 3/3/2007 | Contributor address; City; State; Zip Code | | \$250.00 | |
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| 3/3/2007 | Contributor address; City; State; Zip Code | | \$100.00 | |
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| 3/5/2007 | Contributor address; City; State; Zip Code | | \$1,000.00 | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of | In-kind contribution |
| | Landers, Larry | , , , , , , , , , , , , , , , , , , , | contribution (\$) | description (if applicable) |
| 3/12/2007 | Contributor address; City; State; Zip Code | | \$100.00 | |
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POLITICAL CONTRIBUTIONS OTHER THAN DI EDGES OR LOANS

SCHEDULE A

| OTHER THAN PLEDGES OR LOANS | | | | |
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| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 3/16/2007 | Contributor address; City; State; Zip Code | | \$250.00 | |
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| 3/19/2007 | Contributor address; City; State; Zip Code | | \$250.00 | |
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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| 2 FILER NAM | ME MORALES, ROY (MR.) | | 3 ACCOUNT# (Et | nics Commission filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
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| Date | Full name of contributor Out-of-state PAC (ID#: Holmes, Ned | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 3/20/2007 | Contributor address; City; State; Zip Code | | \$500.00 | |
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| Developer | pation / Job title (See Instructions) | Employer (See I Parkway Inves | | |
| Date | Full name of contributor out-of-state PAC (ID#: Stover, Robert | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 3/21/2007 | Contributor address; City; State, Zip Code | | \$200.00 | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
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| 3/21/2007 | Contributor address; City; State; Zip Code | | \$100.00 | |
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| 3/21/2007 | Contributor address; City; State; Zip Code | | \$1,000.00 | - - |
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| Managing D | lirector | Integra | | |
| Date | Full name of contributor out-of-state PAC (ID#: Keller, A.L. | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 3/21/2007 | Contributor address; City; State; Zip Codo | | \$100.00 | - - |
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| Real Estate | | AP Keller, Inc | | |
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| 3/21/2007 | Contributor address; City; State; Zip Code | | \$100.00 | |
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| Date | Full name of contributor Out-of-state PAC (ID#: | , | Amount of | In-kind contribution |
| | Lapeze, Keith | | contribution (\$) | description (if applicable) |
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

| Texas Ethics C | Commission P.O. Box 12070 Austin, T | Texas 78711-2070 | (512) 463- | -5800 1-800-325-8506 |
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| 1 | ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA | NS | | SCHEDULE A |
| The Instruct | tion Guide explains how to complete this form. | | 1 Total pages Sche Schedule: 8 | nedule A: 8/12 Report 10/31 |
| 2 FILER NAM | ME MORALES, ROY (MR.) | | 3 ACCOUNT#(Eth | hics Commission filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC (ID#: Youngblood, Larry | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 3/22/2007 | 6 Contributor address; City; State; Zip Code | | \$100.00 | |
| 9 Principal occi | cupation / Job title (See Instructions) | 10 Employer (See I | | of Texas, complete Schedule T) |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. Schedule: 9/12 Report 11/31 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME MORALES, ROY (MR.) Date 5 Full name of contributor 7 Amount of 8 In-kind contribution Out-of-state PAC (ID#. contribution (\$) description (if applicable) Windham, James \$250.00 3/26/2007 6 Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Windham Capital Advisory Investment Advisor Date Full name of contributor Out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) Cubley, Ruby Contributor address; City; State; Zip Code 3/29/2007 \$100.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-employed Consultant Date Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Cook, Lee Contributor address; City; State; Zip Code 3/29/2007 \$5,000.00 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Phonoscope Full name of contributor ut-of-state PAC (ID#; Amount of In-kind contribution contribution (\$) description (if applicable) Vague, Mary Jo Contributor address; City; State; Zip Code 4/3/2007 \$100.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of In-kind contribution Out-of-state PAC (ID#: contribution (\$) description (if applicable) Epstein, Sondra \$100.00 4/3/2007 Contributor address; City; State; Zip Code [If travel outside of Texas, complete Schedule T] Principal occupation / Job title (See Instructions) Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

1-800-325-8506 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. Schedule: 10/12 Report 12/31 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME MORALES, ROY (MR.) Date 5 Full name of contributor 7 Amount of 8 In-kind contribution out-of-state PAC (ID# description (if applicable) contribution (\$) Watkins, Ned 6 Contributor address; City; State; Zip Code \$250.00 4/3/2007 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Annunziato, Anthony 4/3/2007 Contributor address; City; State; Zip Code \$1000.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor AAA Capital Management Date Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Christ, Paul 4/3/2007 Contributor address; City; State; Zip Code \$300.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Lee Jack Contributor address; City; State; Zip Code \$100.00 4/3/2007 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of In-kind contribution ut-of-state PAC (ID#; contribution (\$) description (if applicable) Luker, Ernest \$100.00 Contributor address; City; State; Zip Code 4/6/2007 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

| 1 | ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAI | NS ———— | | SCHEDULE A |
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| 2 FILER NAM | ME MORALES, ROY (MR.) | | 3 ACCOUNT # (Ett | hics Commission filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# Huberty, Janet | | 7 Amount of contribution (\$) | 8 In kind contribution description (if applicable) |
| 4/6/2007 | 6 Contributor address; City; State; Zip Code | • | \$250.00 | |
| C. Crissiani non | upation / Job title (See Instructions) | To Tarabasa (See | | of Texas, complete Schedule T) |
| 9 Рилсіраі оссі | Spation / Job title (See Instructions) | 10 Employer (See I | Instructions) | |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/6/2007 | Contributor address; City; State; Zip Code | | \$250.00 | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) | Employer (See I | | |
| Date | Full name of contributor out-of-state PAC (ID# Garcia, Jaime | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/9/2007 | Contributor address; City; State; Zip Code | | \$100.00 | |
| | AD FOLLOWING | | (If travel outside o | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) | Employer (See I | 4 | |
| Date | Full name of contributor out-of-state PAC (ID#: Kubosh, Michael | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/12/2007 | Contributor address; City; State; Zip Code | | \$500.00 | |
| | | | i (if travel outside c | of Texas, complete Schedule T) |
| Principal occu Owner | upation / Job title (See Instructions) | Employer (See II Kubosh Bail Bo | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 4/12/2007 | Lawrence Hill Contributor address; City; State; Zip Code | | | , adda., p. 10. (1. app. 1331) |
| | | | /// travel outside c | of Texas, complete Schedule T) |
| Principal occu | upation / Job title (See Instructions) | Employer (See in | | il lando complete concessio .; |
| if c | ATTACH ADDITIONAL COPIES | | | requirements. |

| | CAL CONTRIBUTIONS R THAN PLEDGES OR LOA! | NS | | SCHEDULE A |
|------------------|--|------------------|-------------------------------------|--|
| The Instruct | lon Guide explains how to complete this form. | | 1 Total pages Sche Schedule: 12/ | edule A: 12 Report 14/31 |
| 2 FILER NAM | ME MORALES, ROY (MR.) | | 3 ACCOUNT # (Et | nics Commission filers) |
| 4 Date | 5 Full name of contributor autor-state PAC (IDIT | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| 2/26/2007 | 6 Contributor address; City; State; Zip Code | | (If travel nutside : | \$100.00 |
| 9 Principal occi | upation / Job titlo (See Instructions) | 10 Employer (See | | or reverse scriedule 1) |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 2/28/2007 | Contributor address; City; State; Zip Code | | | \$300.00 |
| Principal occu | upation / Job title (See Instructions) | Employer (See I | | f Texas, complete Schedule T) |
| Date | Full name of contributor | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| 3/21/2007 | Contributor address; City; State; Zip Code | | Alf troval autoido a | \$475.00 If Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | | Texas, complete acheune 1) |
| Date | Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| Diani, al | | | | f Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City: State; Zip Code | | (16 travel autoida | f Texas, complete Schedule T) |
| Principal occu | pation / Job title (See Instructions) | Employer (See I | | r texas, compage schedule 1) |
| If c | ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instru | | | requirements. |

| LOANS | mission P.O. Box 12070 Austin, | Texas 78711-2070 | (512) 463 | -5800 1-800-325-8506 SCHEDULE E |
|---------------------------------------|--|------------------------------------|-----------------|---------------------------------------|
| | Gulde explains how to complete this form |). | | Report 15/31 |
| 2 FILER NAME N | MORALES, ROY (MR.) | | 3 ACCOUNT # (Et | hics Commission filers) |
| 4 тота | L OF UNITEMIZED LOANS: ⇒ | \$ \$\$ | ರು ರು | \$ |
| 5 Date of loan 3/5/2007 | 7 Name of lender | out-of-state PAC (ID#: | | 9 Loan Amount (\$) \$500.00 |
| 6 Is lender a financial Institution? | 8 Lender address; City; State; Ziji 7200 Almeda #806 Houston, TX 77054 | Code | | 10 Interest rate21% |
| 12 Principal occupatio | on / Job title (See Instructions) Consultant | 13 Employer (See In: Self-employed | | |
| 14 Description of Collate | eral | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| 15 GUARANTOR INFORMATION | 16 Name of guarantor | | | 18 Amount Guaranteed (\$) |
| not applicable | 17 Guarantor address; City; State; Zip | Code | | |
| 19 Principal Occupation | 20 |) Employer | | |
| Date of loan | Name of lender | out-of-state PAC (ID#: | | Loan Amount (\$) |
| 3/19/2007 | Morales, Roy | | | \$700.00 |
| Is lender a financial Institution? | Lender address; City; State; Zip 7200 Almeda #806 | Code | | Interest jate 21% |
| Y (N) | Houston, TX 77054 | | | Maturity date |
| Principal occupation | n / Job title (See Instructions) | Employer (See Instructi | ons) | |
| | Consultant | Self-employed | | |
| Description of Collate | eral | | | |
| GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; City; State; Zip | O Code | | |
| Principal Occupation | | Employer | | |
| | ATTACH ADDITIONAL COP | ES OF THIS FORM | AS NEEDED | |

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

| POLITIO | CAL EXPENDITURES | | | SCHEDULE F |
|--------------------|---|---|----------------------------|---|
| The Instruc | tion Guide explains how to complete this form. | | 1 Total page: Schedule: | s Schedule F: 1/15 Report 16/31 |
| 2 FILER NAMI | E MORALES, ROY (MR.) | | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date · 1/31/2007 | 5 Payee name Go Daddy 6 Payee address; City; State; Zip Code | | | 7 Amount (\$) \$6.98 |
| required.) | rment (See instructions regarding type of information Web Site Hosting of Texas, complete Schedule T) | 9 Complete if dire Candidate / Officeholder ne | | to benefit C/OH ** Office sought Office held |
| Date 2/1/2007 | Payee name Jordan, Justin Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047 | | | Amount (\$) \$300.00 |
| required.) Ca | rment (See instructions regarding type of information ampaign Assistance of Texas, complete Schedule T) | Complete if direct Candidate / Officeholder name | | to benefit C/OH Office sought Office held |
| Date | Payee name | | | Amount |
| 2/2/2007 | NX Media Payee address; City; State; Zip Code 6118 Aletha Lane Houston, TX 77081 | · · · · · · · · · · · · · · · · · · · | | (\$) \$568.31 |
| required.) Prir | ment (See instructions regarding type of information nted Material ide of Texas, complete Schedule T) | •• Complete if direc Candidate / Officeholder nar | | to benefit C/OH •• Office sought Office held |
| Date | Payee name | | | Amount (\$) |
| 2/5/2007 | Sprint Digital Print Payee address; City: State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080 | | | \$81.19 |
| required.) | ment (See instructions regarding type of information inted Material | •• Complete if direc Candidate / Officeholder nar | | to benefit C/OH Office sought Office held |
| (If travel outside | e of Texas, complete Schedule T) | | | |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NE | EDED | |

| POLITIO | CAL EXPENDITURES | | | SCHEDULE F |
|--------------------|--|---|----------------------------|---|
| The Instruc | tion Guide explains how to complete this form. | | 1 Total pages Schedule: | Schedule F: 2/15 Report 17/31 |
| 2 FILER NAME | MORALES, ROY (MR.) | | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date 2/5/2007 | 5 Payee name Jordan, Justin 6 Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047 | | | 7 Amount (\$) \$1,000.00 |
| required.) | rment (See instructions regarding type of information | 9 → Complete if dire Candidate / Officeholder na | | to benefit C/OH Office sought Office held |
| (If travel outside | e of Texas, complete Schedule T) | | | |
| Date | Payee name US Postmaster | | | Amount (\$) |
| 2/13/2007 | Payee address; City; State; Zip Code | | | \$273.00 |
| | Houston, TX | | | |
| required) | ment (See instructions regarding type of information stage | Complete if dire Candidate / Officeholder na | | to benefit C/OH Office sought Office held |
| (If travel outside | e of Texas, complete Schedule T) | | | |
| Date | Payee name Katy Printer, Inc | | - | Amount (\$) |
| 2/13/2007 | Payee address; City; State; Zip Code 5807 Hwy Blvd Katy, TX 77492 | | | \$495.89 |
| required.) Prin | ment (See instructions regarding type of information ited Material de of Texas, complete Schedule T) | •• Complete if dire Candidate / Officeholder na | | to benefit C/OH •• Office sought Office held |
| Date | Payee name | | <u> </u> | Amount |
| | US Postmaster | | | (\$) |
| 2/14/2007 | Payee address; City; State; Zip Code | | | \$84.00 |
| | Houston, TX | | | |
| required.) | ment (See instructions regarding type of information stage | Complete if dire Candidate / Officeholder na | | o benefit C/OH ↔ Office sought Office held |
| (If travel outside | e of Texas, complete Schedule T) | | | |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NE | EDED | |

| POLITIC | CAL EXPENDITURES | · | | SCHEDULE F | |
|--------------------|---|--|----------------------------|--|--|
| The Instruc | tion Guide explains how to complete this form. | | 1 Total pages Schedule: | s Schedute F: 3/15 Report 18/31 | |
| 2 FILER NAME | MORALES, ROY (MR.) | | 3 ACCOUNT | OUNT # (Ethics Commission filers) | |
| 4 Date 2/16/2007 | 5 Payee name Levine, Burt 6 Payee address; City; State; Zip Code 3525 Sage Rd, Suite 509 Houston, TX 77056 | | | 7 Amount (\$) \$150.00 | |
| required.) Car | rment (See instructions regarding type of information mpaign Assistance | 9 Complete if dire Candidate / Officeholder na | • | to benefit C/OH •• Office sought Office held | |
| (if travel outside | le of Texas, complete Schedule T) | | | | |
| Date | Payee name Katy Printer, Inc | | | Amount · (\$) | |
| 2/16/2007 | Payee address; City; State; Zip Code 5807 Hwy Blvd Katy, TX 77492 | | | \$158.60 | |
| required.) | ment (See instructions regarding type of information inted Material | Complete if direct Candidate / Officeholder nace | | to benefit C/OH Office sought Office held | |
| (If travel outside | e of Texas, complete Schedule T) | | · · · · | | |
| Date | Payee name Sprint Digital Print | | | Amount (\$) | |
| 2/20/2007 | Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080 | | | \$433.00 | |
| required.) Pri | ment (See instructions regarding type of information inted Material de of Texas, complete Schedule 1) | •• Complete if direc Candidate / Officeholder nar | | to benefit C/OH •• Office sought Office held | |
| Date | Payee name | | | Amount | |
| | Sprint Digital Print | | | (\$) | |
| 2/21/2007 | Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080 | | | \$595.37 | |
| required.) | ment (See instructions regarding type of information ted Material | •• Complete if direc Candidate / Officeholder nan | • | to benefit C/OH Office saught Office held | |
| (If travel outside | e of Texas, complete Schedule T) | | | | |
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| | POLITIC | CAL EXPENDITURES | | SCHEDULE F |
|---|-------------------|--|---|---|
| | The Instruc | tion Guide explains how to complete this form. | 1 Total pag Sched | es Schedule F: ule: 4/15 Report 19/31 |
| 2 | FILER NAME | MORALES, ROY (MR.) | 3 ACCOUN | IT # (Ethics Commission filers) |
| 4 | Date | 5 Payee name Sprint Digital Print | | 7 Amount (\$) |
| | 2/21/2007 | 6 Payee address: City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080 | | |
| 8 | required.) | ment (See instructions regarding type of information rinted Material | 9 Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH Office sought Office held |
| | (If travel outsid | e of Texas, complete Schedule T) | | |
| | Date | Payee name Young Conservatives | | Amount (\$) |
| | 2/21/2007 | Payee address; City; State; Zip Code 1708 Timber Ridge Dr. Austin, Texas 78741 | | \$75.00 |
| | required.) C | rment (See instructions regarding type of information ommunity Event of Texas, complete Schedule T) | ← Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH •• Office sough: Office held |
| | Date | Payee name Proguard | | Amount (\$) |
| | 2/21/2007 | Payee address; City; State; Zip Code 2915 Old Spanish Trail Houston, TX 77054 | | \$114.50 |
| _ | required.) Sto | ment (See instructions regarding type of information prage Unit ide of Toxas, complete Schedule T) | Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH Office sought Office held |
| | Date | Payee name | | Amount |
| | | Sprint Digital Print | | . (\$) |
| | 2/26/2007 | Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080 | | \$595.38 |
| | required.) | ment (See instructions regarding type of information Printed Material of Texas, complete Schedule T) | Complete if direct expenditu Candidate / Officeholder name | re to benefit C/OH Office sought Office held |
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

| POLITI | CAL EXPENDITURES | | | SCHEDULE F |
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| The Instruc | tion Guide explains how to complete this form. | | 1 Total page Schedule | s Schedule F: a: 6/15 Report 21/31 |
| 2 FILER NAMI | MORALES, ROY (MR.) | | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date | 5 Payee name Sprint Digital Print | | | 7 Amount (\$) |
| 3/2/2007 | 6 Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080 | | | \$101.76 |
| required.) | ment (See instructions regarding type of information rinted Material | 9 Complete if dir Candidate / Officeholder n | | to benefit C/OH •• Office sought Office held |
| (if travel outsid | c of Texas, complete Schedule T} | | | |
| Date | Payee name | <u> </u> | | Amount |
| 3/3/2007 | Sign Here Payee address; City; State; Zip Code 1719 Live Oak | | | (\$) \$700.00 |
| | Houston, TX 77003 | | | |
| required.) | rment (See instructions regarding type of information ampaign Assistance | Complete if dir Candidate / Officeholder n | | to benefit C/OH ** Office sought Office held |
| (If travel outside | of Texas, complete Schedule T) | | | |
| Date | Payee name City of Houston | | | Amount (\$) |
| 3/5/2007 | Payee address; City; State; Zip Code | | | \$500.00 |
| | 900 Bagby Houston, TX 77002 | | | |
| Purpose of pay required.) App | ment (See instructions regarding type of information blication Fee | •• Complete if dire Candidate / Officeholder na | ect expenditure ame | to benefit C/OH Office sought Office held |
| (If travel outsi | de of Texas, complete Schedule T) | | | |
| Date | Payee name Sprint Digital Print | | | Amount (\$) |
| 3/5/2007 | Payee address; City; State; Zip Code | | <i></i> | \$ 595.37 |
| | 8748 Clay Rd, Suite 300 Houston, TX 77080 | | | |
| Purpose of pay | ment (See instructions regarding type of information | | | to benefit C/OH •• |
| | Printed Material | Candidate / Officeholder na | ame | Office sought Office held |
| (If travel outside | e of Texas, complete Schedule T) | | · | |
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| POLITI | CAL EXPENDITURES | | | SCHEDULE F | |
|--|---|---|--|---|--|
| The Instruc | tion Guide explains how to complete this form. | | 1 Total page: Schedul | s Schedule F: e: 7/15 Report 22/31 | |
| 2 FILER NAM | MORALES, ROY (MR.) | | 3 ACCOUNT # (Ethics Commission filers) | | |
| 4 Date 3/6/2007 | Payee name Houston St. Patrick's Parade Payee address; City; State; Zip Code 10220 Memorial #131 Houston, TX 77024 | | | 7 Amount (\$) \$125.00 | |
| required.) Co | rment (See instructions regarding type of information ommunity Event | 9 ·· Complete if direction of Candidate / Officeholder na | | to benefit C/OH Office saught Office held | |
| (If travel outside of Texas, complete Schedule T) | | | | | |
| Date 3/6/2007 | Payee address; City; State; Zip Code Houston, TX | | | Amount (\$) \$156.00 | |
| Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T) Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought | | | | | |
| Date | Payee name Sprint Digital Print | | | Amount (\$) | |
| 3/8/2007 | Payee address; City; State; Zip Code 8748 Clay Rd, Suite 300 Houston, TX 77080 | | | \$595.38 | |
| required.) | ment (See instructions regarding type of information Printed Material de of Texas, complete Schedule T) | •• Complete if dire Candidate / Officeholder na | ct expenditure to | o benefit C/OH Office sought Office held | |
| Date | Payee name | | | Amount | |
| 3/8/2007 | US Postmaster Payee address; City: State; Zip Code Houston, TX | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | (\$) \$117.00 | |
| required.) Po | nent (See instructions regarding type of information ostage of Texas, complete Schedule T) | ↔ Complete if direc Candidate / Officeholder nar | | b benefit C/OH Tifice sought Office held | |
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| POLITI | CAL EXPENDITURES | | | SCHED | ULE F |
|---------------------------|---|--|--|------------------------------------|-------------|
| The Instruc | tion Guide explains how to complete this form. | | 1 Total page: Schedule | s Schedule F: e: 8/15 Report 23 | 3/31 |
| 2 FILER NAM | MORALES, ROY (MR.) | | 3 ACCOUNT # (Ethics Commission filers) | | |
| 4 Date | 5 Payee name Sign Here | | - | 7 Amoi (\$) | |
| 3/10/2007 | 6 Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003 | | | \$350. | 00 |
| required.) | rment (See instructions regarding type of information mpaign Assistance | 9 •• Complete if dir Candidate / Officeholder n | | to benefit C/OH Office sought | Office held |
| (If travel outsid | e of Texas, complete Schedule T) | | | | |
| Date 2/12/2007 | Payee name Women's Political Forum | | | Amou (\$) | nt |
| 3/12/2007 | Payee address; City; State; Zip Code Houston, TX | | | \$70.00 | |
| | Tibusion, TA | · · · · · · · · · · · · · · · · · · · | | | |
| required.) | ment (See instructions regarding type of information community Event | Complete if direction Candidate / Officeholder name | | to benefit C/OH Office sought | Office held |
| (If travel outside | e of Texas, complete Schedule T) | | | | |
| Date | Payee name East Chamber of Commerce | | | Amou (\$) | nt |
| 3/12/2007 | Payee address: City; State; Zip Code 550 Gulfgate Center Mall Houston, TX 77087 | | | \$100.00 | |
| Purpose of pay required.) | ment (See instructions regarding type of Information Community Event | Complete if dire Cendidate / Officeholder na | | to benefit C/OH Office sought | Office held |
| (if travel outsi | de of Texas, complete Schedule T) | | | · | |
| Date | Payee name | | | Amous (\$) | nt |
| 3/12/2007 | Katy Printer, Inc Payee address; City; State; Zip Code | | | \$504.55 | |
| | P.O. Box 808 Katy, TX 77492 | | | , | |
| required.) | ment (See instructions regarding type of information ted Material | •• Complete if dire Candidate / Officeholder na | | to benefit C/OH Office sought | Office held |
| (If travel outside | of Texas, complete Schedute T) | | | | |
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| POLITICAL EXPENDITURES | SCHEDULE F |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule F: Schedule: 9/15 Report 24/31 |
| 2 FILER NAME MORALES, ROY (MR.) | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 5 Payee name Katy Printer, Inc 3/12/2007 6 Payee address; City: State; Zip Code P.O. Box 808 Katy, TX 77492 | 7 Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) Printed Material Purpose of payment (See instructions regarding type of information Candidate / Officeholds Candidate / Officeholds | f direct expenditure to benefit C/OH er name Office sought Office held |
| (If travel outside of Texas, complete Schedule T) | |
| Date Payee name Michael Franks Printing 3/12/2007 Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340 | Amount (\$) |
| Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T) | direct expenditure to benefit C/OH ↔ er name Office sought Office held |
| Date Payee name Sign Here 3/16/2007 Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003 | Arnount (\$)\$349.00 |
| Purpose of payment (See instructions regarding type of information required.) Campaign Assistance (If travel outside of Texas, complete Schedule T) | direct expenditure to benefit C/OH ↔ or name Office sought Office held |
| Date Payee name Levine, Burt 3/19/2007 Payee address; City; State; Zip Code 3525 Sage Rd, Suite 509 Houston, TX 77056 | Amount (\$)\$150.00 |
| Purpose of payment (See instructions regarding type of information required.) Campaign Assistance (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS | |

information -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1719 Live Oak Houston, TX 77003

Campaign Assistance

(If travel outside of Texas, complete Schedule T)

required.)

Purpose of payment (See instructions regarding type of information

Office held

| POLITIO | CAL EXPENDITURES | | SCHE | DULE F | |
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| The Instruc | tion Guide explains how to complete this form. | | Total pages Schedule F: Schedule: 11/15 Report | t 26/31 | |
| 2 FILER NAME | MORALES, ROY (MR.) | | 3 ACCOUNT # (Ethics Commission | IT # (Ethics Commission filers) | |
| 4 Date 3/23/2007 | 5 Payee name Sheldon, Patricia 6 Payee address; City; State; Zip Code 8001 Burgoyne #6 Houston, TX 77063 | | I - | ount \$) | |
| required.) Cal | ment (See instructions regarding type of information mpaign Assistance e of Texas, complete Schedule T) | 9 ·· Complete if dire Candidate / Officeholder no | ect expenditure to benefit C/OH ame Office sought | Office held | |
| Date | Payee name | | Arr | ount | |
| Date | Sign Here | | 1 | \$) | |
| 3/25/2007 | Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003 | | \$165.00 | | |
| required.) (| rment (See instructions regarding type of information Campaign Assistance | Complete if dire Candidate / Officeholder na | ct expenditure to benefit C/OH ume Office sought | Office held | |
| | e of Texas, complete Schedule T) | | | | |
| Date 3/28/2007 | Payee name Michael Franks Printing Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340 | | | ount \$) | |
| required.) | ment (See instructions regarding type of information inted Material | Complete if dire Candidate / Officeholder na | rct expenditure to benefit C/OH time Office sought | Office held | |
| (If travel outsi | de of Texas, complete Schedule T) | | | | |
| Date | Payee name Michaet Franks Printing | | | ount \$) | |
| 3/28/2007 | Payee address; City; State; Zip Code 404 I-45 South Huntsville, TX 77340 | | \$500.00 | | |
| required.) | ment (See instructions regarding type of information Printed Material e of Texas, complete Schedule T) | Complete if direction of the complete of the complete if direction of the complete in the | ect expenditure to benefit C/OH ame Office sought | Office held | |
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| POLITI | CAL EXPENDITURES | | | SCHED | JLE F |
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| The Instruc | tion Guide explains how to complete this form. | | 1 Total page: Schedule | s Schedule F: b: 12/15 Report 2 | 7/31 |
| 2 FILER NAM | MORALES, ROY (MR.) | | 3 ACCOUNT # (Ethics Commission filers) | | |
| 4 Date 3/28/2007 | 5 Payee name Sergesketter, Mary 6 Payee address; City; State; Zip Code 815 Elk Run Circle Houston, TX 77079 | | | 7 Amou (\$) \$500.00 | nt |
| required.) | ment (See Instructions regarding type of information | 9 Complete if dire Candidate / Officeholder na | • | to benefit C/OH •• Office sought | Office held |
| (If travel outsid | e of Texas, complete Schedule T) | | | | |
| Date 3/31/2007 | Payee name Michael Franks Printing Payee address: City: State; Zip Code 404 I-45 South Huntsville, TX 77340 | | | Amoui (\$) \$1,045.86 | nt |
| required.) | rment (See instructions regarding type of information rinted Material of Texas, complete Schedule T) | •• Complete if dire Candidate / Officeholder na | | to benefit C/OH Office sought | Office held |
| Date | Payee name Katy Printer, Inc | · · · · · · · · · · · · · · · · · · · | | Amoun (\$) | t |
| 4/1/2007 | Payee address; City; State; Zip Code P.O. Box 808 Katy, TX 77492-0808 | | | \$276.33 | |
| required.) | ment (See instructions regarding type of information Printed Material de of Texas, complete Schedule T) | Complete if dire Candidate / Officeholder na | | to benefit C/OH •• Office sought | Office held |
| Date | Payee name | | | Amoun | į. |
| 4/1/2007 | Sacred Heart Society Payee address; City: State; Zip Code 816 East Whitney Drive Houston, TX 77022 | | | \$704.00 | |
| required.) Fa | ment (See instructions regarding type of information cility Rental rof Texas, complete Schedule T) | •• Complete if direc Candidate / Officeholder nar | | o benefit C/OH •• Office sought | Office held |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NE | EDED | | |

| POLITI | CAL EXPENDITURES | | | SCHEDULE F |
|---------------------------|--|---|----------------------------|---|
| The Instruc | tion Guide explains how to complete this form. | | 1 Total page: Schedule: | 3 Schedule F: 13/15 Report 28/31 |
| 2 FILER NAM | E MORALES, ROY (MR.) | | 3 ACCOUNT | # (Ethics Commission filers) |
| 4 Date 4/4/2007 | 5 Payee name US Postmaster 6 Payee address; City; State; Zip Code Houston, TX | | | 7 Amount (\$) \$72.00 |
| required.) F | rment (See instructions regarding type of information Postage | 9 Complete if dir Candidate / Officeholder n | | to benefit C/OH ** Office sought Office held |
| Date | Payee name | | | Amount |
| | US Postmaster | | | (\$) |
| 4/5/2007 | Payee address; City; State; Zip Code | | | \$168.00 |
| | Houston, TX | | | |
| required.) | ment (See instructions regarding type of information ostage | ·· Complete if din Candidate / Officeholder n | | to benefit C/OH •• Office sought Office held |
| (If travel outside | e of Texas, complete Schedule T) | | | |
| Date | Payee name | | | Amount (\$) |
| 4/6/2007 | Levine, Burt Payee address; City; State; Zip Code | | | \$150.00 |
| | 3525 Sage Rd, Suite 509 Houston, TX 77056 | | | |
| required.) | ment (See instructions regarding type of information ampaign Assistance | ·· Complete if din Candidate / Officeholder na | • | to benefit C/OH ** Office sought Office held |
| (If travel outsi | de of Texas, complete Schedule T) | | | |
| Date | Payee name | - | | Amount (\$) |
| 4/8/2007 | Sign Here Payee address; City; State; Zip Code | | | |
| | 1719 Live Oak Houston, TX 77003 | | | \$235.00 |
| Purpose of pay required.) | ment (See instructions regarding type of information | Complete if dire | | |
| | npaign Assistance | Candidate / Officeholder na | me (| Office sought Office held |
| (If travel outside | e of Texas, complete Schedule T) | | | |
| | ATTACH ADDITIONAL COPIES | S OF THIS FORM AS NE | EDED | |

| POLITICAL EXPE | ENDITURES | | | SCHEDUI | LE F |
|---|--------------------------------------|--|--|-------------------------------------|-------------|
| The Instruction Guide expla | ins how to complete this form. | | 1 Total page Schedule: | s Schedule F: 14/15 Report 29/3 | 31 |
| 2 FILER NAME MORALES, RO | DY (MR.) | | 3 ACCOUNT # (Ethics Commission filers) | | s) |
| 4 Date 5 Payee name 4/30 Comm 4/8/2007 | s; City; State; Zip Code | | | 7 Amount (\$) \$100.00 | |
| 8 Purpose of payment (See instructive required.) Community Event | ons regarding type of information | 9 Complete if direct Candidate / Officeholder na | | to benefit C/OH •• Office sought | Office held |
| Date Payee name | | <u> </u> | ···· | Amount | |
| Sprint 4/12/2007 Payee addres P.O. Box 66 Dallas, TX | 60092 | • | | \$60.00 | |
| Purpose of payment (See instruction required.) Mobile Charges (If travel outside of Texas, complete | | •• Complete if dire Candidate / Officeholder na | ect expenditure me | to benefit C/OH •• Office sought | Office held |
| Date Payee name Katy Printer | . Inc | | | Amount (\$) | |
| 4/9/2007 Payee address p.o. bOX 80 Katy, TX 77 | s; City; State; Zip Code | | | \$166.49 | |
| Purpose of payment (See instruction required.) (If travel outside of Texas, complete | | •• Complete if dire Candidate / Officeholder na | | | office held |
| Date Payee name | | | | Amount | |
| 4/10/2007 US Postmas Payee address Houston, T. | ; City State; Zip Code | | | (\$) \$200.00 | |
| Purpose of payment (See instruction required.) Postage | ns regarding type of information | •• Complete if direc Candidate / Officeholder nar | | | ffice held |
| (If travel outside of Texas, complete | Schedule T) TTACH ADDITIONAL COPIES | OF THIS CODE AS NO | EDED | | |

(512) 463-5800

| | POLITIO | CAL EXPENDITURES | | | SCHEDU | LE F |
|---|------------------------------|---|--|----------------------------|-------------------------------------|-------------|
| | The Instruct | tion Guide explains how to complete this form. | | 1 Total pages Schedule: | s Schedule F: 15/15 Report 30/3 | 31 |
| 2 | FILER NAME | MORALES, ROY (MR.) | | 3 ACCOUNT | NT # (Ethics Commission filers) | |
| 4 | Date 4/10/2007 | Payee name US Postmaster Payee address; City; State; Zip Code Houston, TX | | | 7 Amoun (\$) \$40.00 | |
| 8 | required.) | ment (See instructions regarding type of information ostage | 9 ·· Complete if dire Candidate / Officeholder no | ·- | to benefit C/OH •• Office sought | Office held |
| | (If travel outside | e of Texas, complete Schedule T) | | , | | |
| | Date | Payee name Sprint Digital Printing | | | Amoun (\$) | t |
| | 4/11/2007 | Payee address; City; State; Zip Code | | | \$1,190.75 | |
| | | 8748 Clay Rd Suite 300 Houston, TX 77080 | | | | |
| | required.) | ment (See instructions regarding type of information inted Material | •• Complete if dire Candidate / Officeholder na | | to benefit C/OH ** Office sought | Office held |
| | (If travel outside | of Texas, complete Schedule T} | | | | |
| | Date | Payee name Business Extension | | | Amount (\$) | |
| | 4/11/2007 | Payee address; City; State; Zip Code P.O. Box 66273 Houston, TX 77266-6273 | | | \$2,000.00 | |
| | required.) | ment (See instructions regarding type of information Printed Material de of Texas, complete Schedule T) | ↔ Complete if dire Candidate / Officeholder na | | to benefit C/OH •• Office sought | Office held |
| | Date | Payee name | | | Amount | |
| | 4/11/2007 | US Postmaster Payee address; City; State; Zip Code | | | \$96.00 | |
| | | | | | | |
| | Purpose of pay required.) | ment (See instructions regarding type of information Postage | Complete if dire Candidate / Officeholder na | | to benefit C/OH •• Office sought | Office held |
| | (If travel outside | e of Texas, complete Schedule T) | | | | |
| | | ATTACH ADDITIONAL COPIES | OF THIS FORM AS NE | EDED | | - |

| POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS | | | |
|--|--|-------------------|---|
| THE INSTRUCTION GRIDE EXPIGNES NOW TO COMPLETE THIS TOLLI. | | Total pages Sched | |
| | | ACCOUNT # (Ethic | |
| 4 Date | 5 Payee name Morales, Roy | | 8 Amount (\$) |
| 2/28/2007 | 6 Payee address; City; State; Zip Code | | \$66.30 |
| | 7 Purpose of expenditure (See instructions regarding type of information requirements Fuel Costs (If travel outside of Texas, complete Schedule T) | ed.) | Reimbursement from political contributions intended |
| Date | Payee name Morales, Roy | | Amount (\$) |
| 3/31/2007 | Payee address; City; State; Zip Code | | \$332.55 |
| | Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T) | | Reimbursement from political contributions intended |
| Date | Payee name Morales, Roy | | Amount (\$) |
| 4/12/2007 | Payee address; City, State, Zip Code | | \$93.39 |
| | Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs | | Reimbursement from political contributions |
| Date | (If travel outside of Texas, complete Schedule T) Payee name | | intended Amount |
| | Morales, Roy Payee address; City; State; Zip Code | | (\$) |
| 3/8/2007 | | | \$7.50 |
| | Purpose of expenditure (See instructions regarding type of information required.) | | Reimbursement from political contributions |
| | (If travel outside of Texas, complete Schedule T) | | intended |
| Date | Payee name | | Amount (\$) |
| | Payee address; City; State; Zip Code | | |
| | Purpose of expenditure (See instructions regarding type of information required.) | | Reimbursement from political |
| | (If travel outside of Texas, complete Schedule T) | | contributions intended |
| ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED | | | |